

|   |                        |                    |
|---|------------------------|--------------------|
| <b>REQUEST FOR WITHDRAWAL<br/>AS ATTORNEY OR AGENT<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application Number     | 10/529,961         |
|   | Filing Date            | October 1, 2003    |
|   | First Named Inventor   | Andrew G. WILLIAMS |
|   | Art Unit               | 2617               |
|   | Examiner Name          | M. Batista         |
|   | Attorney Docket Number | 562492003800       |

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 25226

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☐ Inventor or  
Assignee Name

Address

|      |       |     |         |
|------|-------|-----|---------|
| City | State | Zip | Country |
|------|-------|-----|---------|

|           |       |
|-----------|-------|
| Telephone | Email |
|-----------|-------|

I am authorized to sign on behalf of myself and all withdrawing practitioners.

|           |                         |
|-----------|-------------------------|
| Signature | <i>Robert Saltzberg</i> |
|-----------|-------------------------|

|      |                     |                  |        |
|------|---------------------|------------------|--------|
| Name | Robert A. Saltzberg | Registration No. | 36,910 |
|------|---------------------|------------------|--------|

Address Morrison & Foerster LLP  
425 Market Street

|      |               |       |    |     |            |         |    |
|------|---------------|-------|----|-----|------------|---------|----|
| City | San Francisco | State | CA | Zip | 94105-2482 | Country | US |
|------|---------------|-------|----|-----|------------|---------|----|

|      |                 |               |                |
|------|-----------------|---------------|----------------|
| Date | August 27, 2009 | Telephone No. | (415) 268-6428 |
|------|-----------------|---------------|----------------|

**NOTE:** *Withdrawal is effective when approved rather than when received.*